



VERIFICATION OF PRIOR IN STATE TEACHING SERVICE

State Form 41625 (R5/03-04)
Approved by the State Board of Accounts 2002

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address, and signature. We will mail you the information.

INSTRUCTIONS:

Teacher: Please complete Part 1, then forward to Employing School Unit

Employer: Please complete Part 2, then forward form to the Indiana State Teachers' Retirement Fund

PART 1: TO BE COMPLETED BY THE TEACHER

| | |
|---|---------------------------------------|
| Name of Teacher (First, Middle, Last) | TRF Account Number (required) |
| Full Address (Street, City, State, Zip) | Maiden/Other name used while teaching |
| | Area Code and Telephone Number |

PART 2: TO BE COMPLETED BY THE EMPLOYING UNIT

The above teacher is seeking to verify teaching service from your school district for the purpose of establishing retirement credit in this fund. **Pursuant to Title 515 IAC 1-2-17(e), by signing below, you are verifying that the above teacher was qualified to serve as a teacher.**

| | |
|----------------|--|
| Name of School | School Full Address (Street, City, State, Zip) |
|----------------|--|

| <u>SCHOOL YEAR TAUGHT</u> <u>JULY 1 THROUGH JUNE 30</u> | <u>NUMBER OF DAYS TAUGHT</u> | <u>SALARY EARNED</u> |
|--|------------------------------|----------------------|
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THE SERVICE CREDIT ABOVE WAS IN A PUBLIC SCHOOL COVERED UNDER THE INDIANA STATE TEACHERS' RETIREMENT FUND

YES ☐

NO ☐

PLEASE NOTE THAT IF ANY SERVICE OCCURRED AFTER JULY 1, 1995, THIS FORM WILL NOT BE CONSIDERED COMPLETE BY THE INDIANA STATE TEACHERS' RETIREMENT FUND UNLESS THE EMPLOYER HAS PAID ALL CONTRIBUTIONS IN ACCORDANCE WITH INDIANA CODE, SECTION 21-6.1-7.

| | | |
|------------------------------------|--------------------------------|------------|
| Signature of Employing Official | Date Signed (Month, Day, Year) | |
| Printed Name of Employing Official | Telephone Number | Fax Number |